Award Number: W81XWH-08-2-0189

TITLE: Deployment Family Stress: Child Neglect and Maltreatment in

U.S. Army Families

PRINCIPAL INVESTIGATOR:

Stephen Cozza, M.D.

CONTRACTING ORGANIZATION:

Henry M. Jackson Foundation for the Advancement of Military Medicine

Rockville, MD 20815

REPORT DATE: October 2012

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command

Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT:

Approved for public release; distribution unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

R	EPORT DOC	UMENTATIO	N PAGE		Form Approved OMB No. 0704-0188	
data needed, and completing a this burden to Department of D 4302. Respondents should be	and reviewing this collection of in Defense, Washington Headquard aware that notwithstanding any	nformation. Send comments regarders Services, Directorate for Information of law, no person	arding this burden estimate or an rmation Operations and Reports n shall be subject to any penalty	y other aspect of this c (0704-0188), 1215 Jeff	ching existing data sources, gathering and maintaining the ollection of information, including suggestions for reducing erson Davis Highway, Suite 1204, Arlington, VA 22202- h a collection of information if it does not display a currently	
valid OMB control number. Pt 1. REPORT DATE		R FORM TO THE ABOVE ADDI 2. REPORT TYPE	RESS.	3 1	DATES COVERED	
October 2012		Annual		_	Septembr2011–14September2012	
4. TITLE AND SUBTIT		inidai			CONTRACT NUMBER	
		lect and Maltreatme	ent in U.S. Army Far	nilies		
					GRANT NUMBER 81XWH-08-2-0189	
				5c.	PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) PI: Stephen J. Co.	zza. M.D			5d.	PROJECT NUMBER	
Co-PI: Carol S. Fullerton, Ph.D.; Co-Investigators: Robert J.					TASK NUMBER	
Ursano, M.D., David M. Benedik, M.D., James McCarroll, Ph.D., and John H. Newby, Ph.D., M. S.W.					WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Henry M. Jackson Foundation for the Advancement of Military Medicine Rockville, MD 20815			lilitary Medicine		8. PERFORMING ORGANIZATION REPORT NUMBER	
	l Research and Ma	IAME(S) AND ADDRES teriel Command	S(ES)	10.	SPONSOR/MONITOR'S ACRONYM(S)	
, ,				11.	SPONSOR/MONITOR'S REPORT NUMBER(S)	
	NAILABILITY STATEM ic Release; Distribu					
13. SUPPLEMENTAR	Y NOTES					
14. ABSTRACT The purpose of this study is to understand the recently documented increase in rates of child maltreatment and neglect in the US Army. The project employs a three prong research methodology (using clinical chart reviews, survey methodology of key informants, and demographic community analyses) to: 1) facilitate understanding of the phenomenology of Army child neglect, 2) identify child, parent, and family risk and protective factors that contribute to neglect, 3) identify military community contributions to neglect, including deployment, and 4) identify surrounding community factors that may also contribute risk or protection to child neglect behaviors.						
15. SUBJECT TERMS	- none provided					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON USAMRMC	
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U	υυ	10	19b. TELEPHONE NUMBER (include area code)	

TABLE OF CONTENTS

INTRODUCTION	5
BODY	5
KEY RESEARCH ACCOMPLISHMENTS	10
REPORTABLE OUTCOMES	10
CONCLUSION	11
REFERENCES	11
APPENDICES	11

INTRODUCTION

The objectives of study of "Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army Families" are to: (1) understand the phenomenology of Army child neglect, (2) identify child, parent, family risk and protective factors that contribute to child neglect, including deployment, (3) identify military community contributions regarding child neglect, and (4) identify surrounding civilian community factors that may contribute risk or protection to child neglect behaviors.

Following these objectives, we are in the process of analyzing data collected from 23 Army installations in Years Three and Four. Data was collected using a three-pronged approach: Prong A obtained information from clinical record reviews, Prong B collected data from key informants via in-person, internet and telephonic questionnaires, and Prong C assessed variables and sources relevant to the military installations and the surrounding communities.

As a result of these efforts, the following tasks have been completed:

- Data from 400 closed and substantiated child neglect records have been collected for Prong A at four (4) Army installations, Ft. Drum, Ft. Stewart, Ft. Bragg and Ft. Hood.
- A total of 1300 surveys have been collected for Prong B from 23 Army installations.
 - o Internet and telephonic questionnaires (N=628) were completed by ACS staff affiliated with 15 installations (Ft. Benning, Ft. Bliss, Ft. Campbell, Ft. Gordon, Ft. Jackson, Ft. Knox, Ft. Lee, Ft. Leonard Wood, Ft. Riley, Ft. Rucker, Ft. Sam Houston, Ft. Sill, Joint Bases at Lewis McChord and San Antonio, and Shofield Barracks).
 - o In-person questionnaires (N=702) were completed by ACS staff and by volunteers at the commissary.
- Data was entered into Microsoft Excel and SPSS for Prongs A, B and C.
- Analysis of the data has been initiated for each prong.
- Data is being cleaned and reviewed for data quality and integrity.

BODY

Tasks expected as identified in the SOW

1. Program personnel recruitment and hiring: No new personnel actions were taken during year four.

2. Organization and preparation:

Prong A - Clinical Record Review:

Coordinated with site principal investigator at to obtain data from 100 closed substantiated child neglect cases; this was the final site visit for data collection.

All data collected at Ft. Bragg, Ft. Drum, Ft. Hood and Ft. Stewart (N = 400) has been entered into Microsoft Excel. Inter-rater reliability was conducted on ten percent (N = 40) of

the data collected from these locations and entered into SPSS. All of the records were reviewed for quality assurance purposes.

Frequencies have been created using the 400 surveys collected at Ft. Bragg, Fr. Drum, Ft. Hood and Ft. Stewart along with the creation of variable labels in SPSS. Analysis of the data is currently in progress.

A draft has been written for the methods and results sections reflecting participant demographics and information obtained using the Multidimensional Maltreatment Classification System (MMCS). Based on the preliminary analyses, the results have been reorganized into new tables.

The team is continuing to prepare a manuscript using the data collected for this prong. Based on the preliminary findings, three journals have been identified for consideration of the final manuscript submission, once it has been completed: (1) Ortho Psychiatry, (2) Child Abuse and Neglect, and (3) Child Maltreatment.

Demographics and Military Experience

From the substantiated child neglect cases reviewed, the frequencies indicate that the majority of relationships involving active service members (n=345) and their spouses (n=348) are with the biological parents. Stepparents are the next group to be related to the victims, with 37 active service members and 17 the spouse of the active service member.

The majority of active service members related to the victim tend to be male (n=329), followed by active service members who are female (n=65). The majority of spouse's of active service member spouse's are female (n=320), while the others are male (n=57).

Regarding the ethnicity of the active service member (SM) and their spouses (Sp), the major groups are Caucasian/white (n=217 SM; n=187 Sp), followed by African Americans/black (n=110 SM; n=110 Sp), Hispanics/Latinos (n=36 SM; n=35 Sp). Others groups represented self-identify as Asian, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native and multi ethnic.

Some of the families involved in child neglect cases have two service members in the home; they are identified in this report as active service member and active military spouse. The active service members (n=216) and their active military spouses (n=17) are the largest group and primarily junior enlisted members with ranks between E1-E4. The second group are senior enlisted, with service members (n=127) and their active military spouses (n=12); while the third largest group are officers (service members n=39 and their active military spouse's n=2).

Most of the spouse's of the active service members did not indicate any military service (n=240), however, some were currently serving (n=31), and a few had previous military experience (n=10).

The data currently shows that the majority of active service members lived on the installation (n=211), while the others lived off of the installation (n=155). The mean age of the active service member and based on the data is just over 27.1 years; and for the spouse of the service member, the mean age is 26.8 years.

Based on the frequencies, preliminary findings show that the majority of offenders in the substantiated child neglect cases are the spouse (n=155) of a service member. The next category of offender consists of the service member and their spouse (n=119), followed by the service member (n=92).

Substantiated Neglect by Type of Neglect

Below is a listing of the types of neglect documented from each substantiated case using the Multidimensional Maltreatment Classification System (MMCS), frequencies are included along with the percentage based on the total number of valid surveys reviewed. There were seven main categories which captured the following: failure to provide for physical needs, lack of supervision, abandonment, educational neglect, emotional maltreatment, moral-legal neglect, and protection from violence. A comprehensive look is provided below to show the subcategories associated with the main types of neglect.

Substantiated Neglect by Type	Frequency	Percentage		
Failure to Provide for Physical				
Needs				
Physical Needs	128	32.2		
Adequate Food and Nutrition	13	3.3		
Appropriate Clothing	16	4.0		
Shelter	101	25.4		
Housing				
Inadequate Housing	7	1.8		
Unsanitary Household Conditions	92	23.2		
Inadequate Utilities in Home	1	0.3		
Hygiene				
Failure to Provide Hygiene	87	21.9		
Poor Personal Hygiene	18	4.5		
Inadequate Dental Hygiene	3	0.8		
Physical Neglect				
Other or Unspecified Physical Neglect	60	15.1		
Health Care	25	6.3		
Medical	24	6.0		
Failure to Receive Routine Preventative Care	12	3.0		
Failure to Receive Timely Medical Care for Identified Problem	13	3.3		
Failure to Comply with Medical Directives	9	2.3		

Other or Unspecified Medical Neglect	2	0.5
Dental	3	0.8
Failure to Receive Routine Preventative Care	2	0.5
Failure to Receive Timely Dental Care for Identified Problem	2	0.5
Lack of Supervision	165	41.6
Lack of Supervision - General	110	27.7
Caregiver Unaware of Child's Whereabouts for Unreasonable Amount of Time	24	6.0
Child Unattended for Longer Than Appropriate for Developmental Level	83	20.9
Inadequate Supervision Outside Home	4	1.0
Expelled or Denied Access to Home	1	0.3
Lack of Supervision-Environment	51	12.8
Unsafe Household Conditions	25	6.3
Driving with Child While Intoxicated	12	3.0
Failure to Use Appropriate Car Seat or Seatbelt	4	1.0
Lack of Supervision-Substitute Care	26	6.5
Inappropriate Substitute Caregiver	21	5.3
Child Left with Substitute Caregiver Longer Than Agreed	4	1.0
Other or Unspecified Supervisory Neglect	1	0.3
Abandonment	4	1.0
Caretaker Indicates No Plans to Return	2	0.5
More than 24hrs Late Retrieving Child from Substitute Caregiver	3	0.8
Educational Neglect	14	3.5
Child Under 5yrs Not Enrolled in School or NOT being Home-Schooled	3	0.8
Unexcused/Tardy Attendance	5	1.3
Absences Not Illness Related	7	1.8
Caregiver Unresponsive to School's Request to Discuss Problems	1	0.3
Child Does Not Receive Special Education Services When Needed	3	0.8
Other or Unspecified Educational Neglect	1	0.3

Emotional Maltreatment	161	40.6
Inadequate Nurturance or Affection	10	2.5
Regularly Expected to Assume an Inappropriate Level of Responsibility	6	1.5
Not Permitted Age-Appropriate Socialization	1	0.3
Other or Unspecified Emotional Neglect	9	2.3
Moral-Legal Neglect	20	5.0
Exposed by Caregiver to Illegal Behaviors	15	3.8
Permitted to Use Alcohol/Drugs	4	1.0
Other or Unspecified Moral-Legal Neglect	4	1.0
Protection from Violence	140	35.3
Witnessed Domestic Violence	115	29.0
Witnessed the Effects of Domestic Violence (Injuries to Parent)	27	6.8
Participated in Domestic Violence	4	1.0
Other or Unspecified Failure to Protect	13	3.3

Prong B – Key Informant Data Collection:

For the final site visit, to collect data from Ft. Stewart, coordination occurred between the site principal investigator and the study team.

The study team, consisting of three members, collected data from voluntary participants visiting the commissary at Ft. Stewart. Questionnaires were completed by active duty service members and their spouses, and ACS staff on-site.

A total of 1330 surveys collected from 23 sites were entered into Microsoft Excel; 702 surveys were in-person and 628 surveys were completed via electronic survey and telephonically. Based on research questions posed, preliminary frequencies were created for this prong, and all records were reviewed for quality assurance purposes. The preliminary frequencies were based on the total number of questionnaires completed for this prong.

Data cleaning and data analysis is currently in progress. Three peer-reviewed journals have been identified for consideration of an article submission upon the completion of the analyses and written manuscript: (1) Ortho Psychiatry, (2) Child Abuse and Neglect, and (3) Child Maltreatment.

<u>Prong C – Community Data Collection:</u>

Frequencies were compiled for this prong and a list of variables and sources were finalized to determine the impact of child neglect on the military and surrounding civilian communities. Once the manuscript has been written, the following peer-reviewed journals will be considered for submission of the article: (1) Ortho Psychiatry, (2) Child Abuse and Neglect, and (3) Child Maltreatment.

Frequencies were completed for the surrounding communities near the selected installations for Prong C (Ft. Benning, Ft. Bliss, Ft. Bragg, Ft. Campbell, Ft. Carson, Ft. Drum, Ft. Eustis, Ft. Gordon, Ft. Hood, Ft. Huachuca, Ft. Irwin, Ft. Jackson, Ft. Knox, Ft. Lee, Ft. Leonard Wood, Ft. Lewis, Ft. Polk, Ft. Richardson, Ft. Riley, Ft. Rucker, Ft. Sam Houston, Schofield Barracks, Ft. Sill, Ft. Stewart, Ft. Wainwright, and West Point). The following parameters were used: level of poverty, public assistance, female head of household, unemployment, age, ethnicity, home ownership, nationality and length of stay in same house.

- **3. Program staff training:** Not applicable for year four.
- **4. Site approval and planning:** No activities for year four.

KEY RESEARCH ACCOMPLISHMENTS

- Site investigators were contacted in order to coordinate final site visits to collect data for Prongs A and B.
- For Prong A (clinical record review), a team of five staff travelled to the final site (Ft. Hood), to collect data from 100 closed records. As a result, data collection of 400 substantiated closed child neglect cases were completed for the study.
- Data collection was completed for Prong B at the final site (Ft. Stewart), a team of three collected in-person questionnaires and completed the commissary/ACS component. As a result, data collection regarding child neglect was completed at 26 identified Army installations.
- During this year, data collected at Ft. Hood for Prong A was entered into SPSS; the same occurred for data collected at Ft. Stewart for Prong B. An analysis of the data for all prongs was initiated.
- Data for the online questionnaire component for Prong B was reviewed and any issues regarding data quality and/or its integrity was identified and addressed.

REPORTABLE OUTCOMES

Data analysis is still in progress, therefore there are no reportable outcomes at this time.

CONCLUSION

During year four of the study, the team completed data collection at two final sites for Prong A (Ft. Hood) and Prong B (Ft. Stewart). With the completion of data collection for each of the prongs, including Prong C, data analysis has begun and will continue for Year 5. Pursuant with the statement of work, data analysis is being performed using descriptive statistical analyses for all data. This information has been used to create data tables and is being used in preparation for a manuscript that will later be submitted to a peer-reviewed journal for publication.

We foresee the following activities for the upcoming year.

- 1. Program Personnel and Hiring: None anticipated.
- 2. Organization and preparation:

<u>Prong A - Clinical Record Review:</u> Data analysis will continue, along with further development of a manuscript for submission to a peer-reviewed journal.

<u>Prong B – Key Informant Data Collection:</u> An analysis of the data collected will continue. Upon completion of manuscript, article will be submitted to an identified peer-reviewed journal for publication.

<u>Prong C – Community Data Collection:</u> Based on the variables and sources that have been used to analyze the impact of child neglect on the military and the surrounding civilian communities, articles will be submitted to select journals.

- 3. Program staff training: None anticipated.
- 4. Site approval and planning: N/A

REFERENCES

None

APPENDICES

None